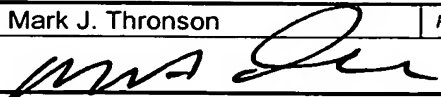


UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. H6808.0043/P043	
		First Inventor Kozo Sakamoto	
		Title SEMICONDUCTOR DEVICE	Express Mail Label No.
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 16] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF)	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 11]		b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper	
5. Oath or Declaration [Total Sheets] a. <input type="checkbox"/> Newly executed (original or copy)		c. <input type="checkbox"/> Statements verifying identity of above copies	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)		ACCOMPANYING APPLICATION PARTS	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement [] Power of (when there is an assignee) Attorney	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner _____ Art Unit: _____		11. <input type="checkbox"/> English Translation Document (if applicable)	
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.		12. <input checked="" type="checkbox"/> Information Disclosure [X] Copies of IDS Statement (IDS)/PTO-1449 Citations	
19. CORRESPONDENCE ADDRESS		13. <input type="checkbox"/> Preliminary Amendment	
<input checked="" type="checkbox"/> Customer Number: 24998		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
Name DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Mark J. Thronson		15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
Address 2101 L Street NW		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
City Washington		17. <input type="checkbox"/> Other: _____	
State DC			
Zip Code 20037-1526			
Country US			
Telephone (202) 785-9700			
Fax (202) 887-0689			
Name (Print/Type) Mark J. Thronson		Registration No. (Attorney/Agent) 33,082	
Signature 		Date February 20, 2004	

<h1 style="margin:0;">FEE TRANSMITTAL</h1> <h2 style="margin:0;">for FY 2004</h2> <p style="font-size: small; margin: 5px 0;">Effective 10/01/2003, Patent fees are subject to annual revision.</p>				Complete if Known									
				<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>Not Yet Assigned</td></tr> <tr><td>Filing Date</td><td>Concurrently Herewith</td></tr> <tr><td>First Named Inventor</td><td>Kozo Sakamoto</td></tr> <tr><td>Examiner Name</td><td>Not Yet Assigned</td></tr> <tr><td>Art Unit</td><td>N/A</td></tr> <tr><td>Attorney Docket No.</td><td>H6808.0043/P043</td></tr> </table>		Application Number	Not Yet Assigned	Filing Date	Concurrently Herewith	First Named Inventor	Kozo Sakamoto	Examiner Name	Not Yet Assigned
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TOTAL AMOUNT OF PAYMENT (\$) 942.00													

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																																																					
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SUBMITTED BY				(Complete if applicable)	
Name (Print/Type)		Mark J. Thronson		Registration No. (Attorney/Agent)	33,082
Signature				Telephone	(202) 775-4742
				Date	February 20, 2004